		CLAIMS ONLY							Application Number Filling Date /0/79/832 Applicant(s)						
	<u> </u>	-	•	04-1	3-07		•	* May be i	ised for ad	ditional clair	ms or ame	ndments			
	CLAIMS	AS	FILED	AFTE	R FIRST IDMENT	AFTER AME	R SECOND NDMENT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*	anona oan		naments_	<u> </u>		
	1	Indep	Depend		Depend	Indep		51	Indep	Depend	Indep	Depend	Indep	Depend	
	2							52							
	3 4	· · · · · · ·	 	 \	/			53 54		·					
	5		<u> </u>	+	/	.		55	 	 	 			 	
	. 6							56 ·	l	<u> </u>			-	1	
	7			/	1			57							
	8		 	 /-	\		_	58 59		<u> </u>				ļ	
	10			1 /		f	 	60		 		 		 	
	11			<i>y</i> ,	7			61							
	12 13		}	$ \leftarrow$			+	62 63						1	
	14			ightharpoons		<u> </u>	1	64	 	-		 	 	┼──┤	
	15							65							
	16 17			 		 	- 	66 67							
	18			 	 	 	 	68	-				-	 	
	19							69			•		<u> </u>	1	
	20			-	-			70							
	21 22		-	!	 - /		+	71 72	 					 	
	23				-			73						 	
	24		•		1			74							
	25 26		 	 		ļ	-	75 76					ļ		
	27			+	- /-			. 77	 						
	28				7			78							
	29 30		****	<u> </u>		<u> </u>		79 80					.		
	31			1	- /-	_	 	81						 	
	32							82							
	33 34			 				83 84					ļ		
	35					<u> </u>	 	85							
	36							86							
	37 38						+	87 88							
	39			 			+	89						1	
	40	•						90							
	41 42						-	91							
	43			 		<u> </u>	 	92 93		 			<u> </u>		
	44	`						94							
	45 46			 				95							
	46 47			 			 	96 97						 	
•	48							98						\vdash	
	49							99							
	50 Total		1	+	 		+	100 Total		 				<u> </u>	
	Indep			4				Indep							
	Total	4	<u>'</u>	14	<u> </u>	•	₹ □	Total	4	<u>'</u>	4	<u>'</u>	-	\vdash	
	Depend Total	1						Depend Total							
	Claims			18				Claims							
													-		
								•							
	•			•						•					
	•	•													
								-							
				•						•					